

# SPECIAL AGREEMENT CHECKS (SAC)

OFI FORM 86C  
November 1990

U.S. OFFICE OF PERSONNEL MANAGEMENT  
OFFICE OF FEDERAL INVESTIGATIONS

Agency Agreement Number	94-01	OPM USE ONLY	OPM Codes	Case Number
AGENCY USE ONLY (COMPLETE ITEMS 1 THROUGH 12)				
1. SUBJECT'S FULL NAME				2. DATE OF BIRTH
Last Name	First Name	Middle Name	Abbrev.	Month Day Year
3. PLACE OF BIRTH 8Use the two letter code for the State				4. SOCIAL SECURITY NUMBER
City	County	State	Country (If not in the United States)	none available
5. OTHER NAMES USED AND DATES WHEN USED				
Name	Month/year to Month/year	Name	Month/year to Month/year	
Name	Month/year to Month/year	Name	Month/year to Month/year	
SEX Female                      Male		SPECIAL AGREEMENT CODES R		8. POSITION TITLE
9. SON    1 4 2 3	10. SOI   C M 0 0	OPAC/ALC NUMBER		12. ACCOUNTING DATA

1. OTHER INFORMATION REQUIRED BY AGREEMENT - CHECK ANY REQUIRED BLOCKS BELOW AND CONTINUE TO PAGE 2

- ☐ (Code E) Credit Record.   
 ☐ (Code F) Selective Service Record   
 ☐ (Code G) Military Personnel Record  
☐ (Code I) Immigration and Naturalization Service Record   
 ☐ (Code N) Bureau of Vital Statistics Record

This subject is a scientific participant aboard the NOAA Ship OREGON II to conduct a research project within U.S. waters. No social security number available.

Requesting Official Name and Title	Signature	Telephone Number	Date
Carroll Ward Regional Security Officer		757-441-3431	